

(NPS Form 10-931)
(NEW 12/99)

(OMB No. 1024-0026)
(Expires 08/31/2001)

NATIONAL PARK SERVICE
Stones River National Battlefield
3501 Old Nashville Highway
Murfreesboro, TN 37129
Phone: (615) 893-9501/Fax: (615) 893-9508

Application for Photography/Filming Permit - Short Form

Company Name: _____
Address: _____
City/State/Zip: _____
Phone #: _____
FAX #: _____
Tax ID or Soc. Security #: _____
Location Manager/Agent: _____
Phone/Beeper #: _____

Project/Client Name: _____
Type of Project: _____
Producer: _____
Photographer/Director: _____
Set Contact: _____
Local Contact: _____
Local Phone #: _____
Start Date: _____ End Date: _____

Summary of Activities and Scene(s): _____

SCHEDULE BY LOCATION(S) (Includes filming, parking and base camp):

Date	Location	Start Time	End Time	Type of Activity (e.g., film, prep, or strike)

Description of Equipment/Props: _____

Max. Number of Cast and Crew: _____ **Number/Type(s) of Vehicles:** _____

Use of Roads and/or Trails? (Y/N): _____ **Describe:** _____

I hereby state that the above information given is complete and correct and that no false or misleading information or false statements have been given. All estimates are reliable to the best of my knowledge and I have the full authority to represent the applicant entity and the project described above.

Signature: _____ Print Name: _____ Date: _____

Title: _____ Company Name: _____

INFORMATION PROVIDED WILL BE USED TO DETERMINE WHETHER A PERMIT WILL BE ISSUED. COMPLETED APPLICATION MUST BE ACCOMPANIED BY AN APPLICATION FEE IN THE FORM OF A CHECK OR MONEY ORDER IN THE AMOUNT OF \$50.00 MADE PAYABLE TO NATIONAL PARK SERVICE. APPLICATION AND ADMINISTRATIVE CHARGES ARE NON-REFUNDABLE. *This application and the application fee should be mailed to:*

*Stones River National Battlefield
3501 Old Nashville Highway
Murfreesboro, TN 37129
Attn: Jim Lewis*

Paperwork Reduction Act Statement: This information is being collected to allow the park manager to make a valued judgement on whether or not to allow the requested use. All the applicable parts of the form must be completed.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 30 minutes per response including the time it takes to read, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service Program Manager, Special Park Uses, Ranger Activities Division, 1849 C Street, NW., Washington, D.C. 20240 and to the Information collection Clearance Officer, Washington Administrative Program Center, 1849 C Street, NW., Washington, D.C. 20240. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.